

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	091577614	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
						51					
						52					
						53					
						54					
						55					
						56					
						57					
						58					
						59					
						60					
						61					
						62					
						63					
						64					
						65					
						66					
						67					
						68					
						69					
						70					
						71					
						72					
						73					
						74					
						75					
						76					
						77					
						78					
						79					
						80					
						81					
						82					
						83					
						84					
						85					
						86					
						87					
						88					
						89					
						90					
						91					
						92					
						93					
						94					
						95					
						96					
						97					
						98					
						99					
						100					
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											